

P.A.S.S – 1.5 (PHOENIX ANKLE STABILIZATION SYSTEM)

ANKLE GUANTLET

LEFT
 RIGHT
 BILATERAL

PATIENT NAME: _____ PO# _____

PRACTITIONER NAME / PHONE: _____

Ground
 2nd Day Air
 NDA
 Other: _____

NEED BY DAY: _____ NOTE: Less than 3 days in house is a Rush (Additional Charge)

SHIP TO LOCATION: _____

CAST CORRECTION:

DESIGN

ANKLE <input type="checkbox"/> 90° <input type="checkbox"/> DO NOT CORRECT OTHER: <input type="checkbox"/> _____ <input type="checkbox"/> DF <input type="checkbox"/> PF	HIND FOOT <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DO NOT CORRECT FOREFOOT <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DO NOT CORRECT <input type="checkbox"/> OTHER: _____
--	--



PASS 1.5 FS – 8-9"
 PASS 1.5 CS -8-9"

FOOT TRIM INNER

FOOT TRIM OUTER

OPTIONS:

PROX METS
 SULCUS ENCOMPASS METS
 FULLFOOT ENCOMPASS METS
 FREE PF MOD
ADDITIONAL CHARGES
 HEEL POST MED LAT
INLAY LENGTH
 PROX METS
 SULCUS
 FULLFOOT

PROX METS
 SULCUS
 FULLFOOT
 1ST RAY EXTENSION
 PF 1ST RAY CUT OUT
 SLIM TRIM -DISTAL HEEL
 OPEN HEEL
 MED HEEL BLOCK
 LAT HEEL BLOCK
 CLOSED HEEL
ADDITIONAL CHARGES
 HEEL POST MED LAT

LACES TOP STRAP
 STRAPS 2 3 4
 OPTIONAL FOREFOOT STRAP
ADDITIONAL CHARGES
 FIGURE 8 STRAP
 VARUS CONTROL VALGUS CONTROL
 1/8" EVA INLAY
 3/16" BILAM INLAY
 NON STD HEIGHT _____
 SPOT PAD
 LOCATION: _____

PLASTIC

SPECIAL INSTRUCTIONS

OUTER PLASTIC:
 3/32" 1/8" 5/32"
 BLACK WHITE
INNER PLASTIC:
 CLEAR (STD) BLACK

 TRANSFER OUTER: _____

 TRANSFER INNER: _____



97 Muir Ave Jackson MN, 56143
 Office 847-752-5728 FAX 847-750-1001
 EMAIL: braceorders@gmail.com